## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

BF RANCH, LTD.

1a. DOCUMENT # A32177 DIVISION OF CORPORATIONS
97 DEC 18 AMII: 27



			- 1 (X)12/72~		
Mailing Address	Principal Office Address		3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record	
P.O. BOX 2140			10/30/1991	\$3,131,000.00	
ARCADIA FL 33821	ARCADIA FL 33821		3a. Date of Last Report	ψο, το 1,000.00	
			10/18/1996	5b. Amount of Capital Contributions in FLOR(DA	
			4. State or Country of Formation	to date:	
2. Malling Address	2a. Principal Office Address  Suite, Apt. #, etc.		FL	SAME	
Sulte, Apt. #, etc.			6. FEI Number	f h	
City & State	City & State		65-0298502	Applied For Not Applicable	
City & State	Oily & State		7. Certificate of Status Desired	60.75	
Zip Country	Zip	Country		Fee Required	
			D. Make check payable to: Dept. o	of State (See reverse side for fee information	
9. Name and Address of Current Registered Agent		10. If changed, now Registered AgenVOffice			
		Name			
MOORE, HOWARD 7672 PINE ISLAND ROAD ARCADIA FL 33821		Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc			
					ANONDIA I E GODE I
10a Purellant to the provisions of eachings 620 10	61 and 620 192 Florida Statular, the above name	City	ship arganized or registared Under the laur of	FL Zip Code	
agent I am familiar with, and accept the oblig  SIGNATURE (Registered Agent Accepting Appointme  A GENERAL PARTNER TH	ice or registered agent, or both, in the State of Fid gations of section 620 192. Florida Statutes. htt	ed limited partners orida. Such chang	e was authorized by its general partner(s). I he  DATE  PARTNERSHIP OR OTHI	FL the State of Florida, submits this statement reby accept the appointment of registered	
for the purpose of changing its registered off egent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THE	ice or registered agent, or both, in the State of Fid galions of section 620-192. Florida Statutes. INTUS A CORPORATION, I UST BE REGISTERED AN	ed limited partners orida. Such chang LIMITED I	DATE  PARTNERSHIP OR OTHI  E WITH THIS OFFICE.	the State of Florida, submits this statement preby accept the appointment of registered  ER BUSINESS ENTITY  Registration/	
for the purpose of changing its registered off agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH MI	ice or registered agent, or both, in the State of Fig galions of section 620-192. Florida Statutes.  AT IS A CORPORATION, I UST BE REGISTERED AN Address of Fach Goner (Do NOT Use Post Office B	ed limited partners orida. Such chang  LIMITED I  ID ACTIVI  at Partner ox Numbers)	DATE PARTNERSHIP OR OTHI E WITH THIS OFFICE.  11b. City, State & Zip Code	FL   the State of Florida, submits this statement preby accept the appointment of registered ER BUSINESS ENTITY	
for the purpose of changing its registered off agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THE	ice or registered agent, or both, in the State of Fid galions of section 620-192. Florida Statutes. INTUS A CORPORATION, I UST BE REGISTERED AN	ed limited partners orida. Such chang  LIMITED I  ID ACTIVI  at Partner ox Numbers)	DATE  PARTNERSHIP OR OTHI  E WITH THIS OFFICE.	the State of Florida, submits this statement preby accept the appointment of registered  ER BUSINESS ENTITY  Registration/	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes T release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public access 1 further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the Emited partnership, receiver or trusten empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form . Howard

HOWARD MOORE

DATE De 16,
Deyline Telephone Number 94/593

R2E003 (6/97)